# Maine Weekly Influenza Surveillance Report

Maine Center for Disease
Control and Prevention
An Office of the
Department of Health and Human Services

January 16, 2018

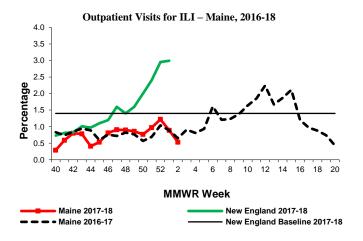
For MMWR week 2 (ending 1/13/2018)

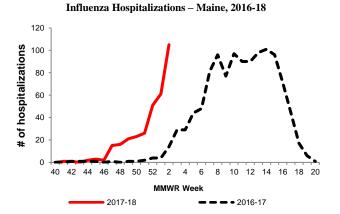
#### **New This Week**

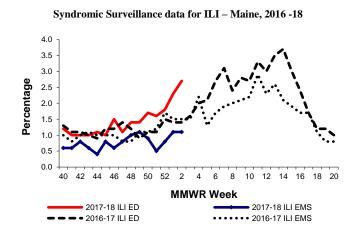
- Federal Flu Code: Widespread
- 105 new hospitalizations
- 11 new outbreaks, 9 in long term care facilities, 1 in an acute care facility and 1 in an institution

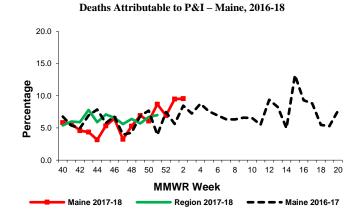
# Surveillance Information - Maine, 2017-2018 Influenza Season

- Number of ILINet Providers reporting: 21
  - o % of visits for Influenza-Like Illness (ILI): 0.53
- Syndromic Surveillance
  - o % of Emergency Room visits for ILI: 2.7
  - o % of Emergency Medical Services (EMS) runs for ILI: 1.1
- Influenza Hospitalizations
  - o # of hospitalizations: 105
- Electronic Death Reporting System
  - % of deaths due to P&I: 9.6









#### Lab Data – Maine, 2017-2018 Influenza Season

# of samples tested at HETL: 38

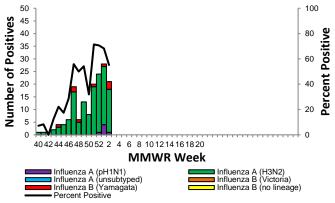
# positive: 21% positive: 55.3

# of samples tested at Maine Reference Labs: 637

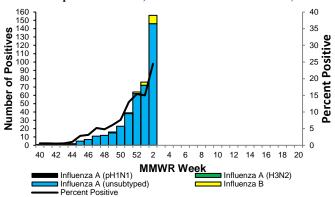
# positive: 156 % positive: 24.5

# of samples positive by rapid antigen test: 170

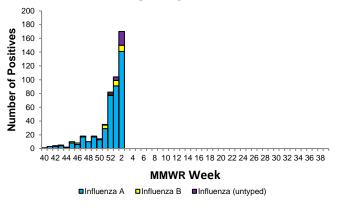




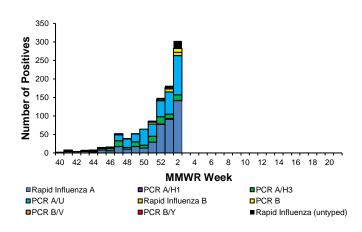
#### Positive Samples for Influenza, Maine Reference Labs – Maine, 2017-18



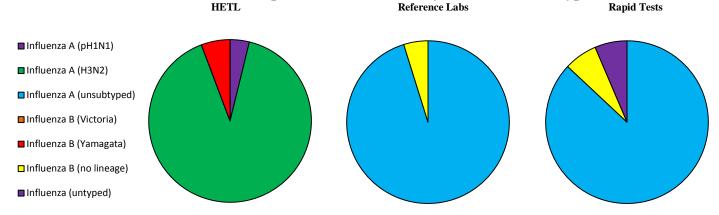
#### Positive Influenza Rapid Antigen Tests - Maine, 2017-18



#### All Positive Influenza Results - Maine 2017-18



# Cumulative Influenza Positive Tests Reported to Maine CDC by Strain and Test Type

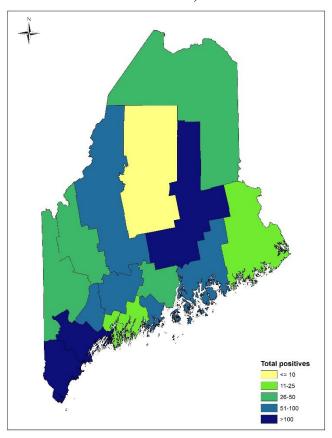


# Geographic Distribution of Lab Tests, Maine 2017-18\*

	Positiv	e labs	Hospitalizations			
County	Tested this week	Total	New this week	Total		
Androscoggin	25	92	2	16		
Aroostook	10	34	1	6		
Cumberland	62	168	26	49		
Franklin	7	41	0	3		
Hancock	8	57	1	15		
Kennebec	33	72	5	13		
Knox	38	66	26	40		
Lincoln	10	25	3	12		
Oxford	16	46	5	16		
Penobscot	40	216	8	67		
Piscataquis	5	10	0	0		
Sagadahoc	5	14	3	8		
Somerset	25	56	3	10		
Waldo	11	27	3	12		
Washington	3	11	0	4		
York	93	252	19	56		
Total	391	1187	105	327		

<sup>\*</sup>Only reported PCR, culture, and rapid antigen tests are included in the chart and map.

# Positive Influenza Tests, Maine 2017-18



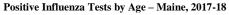
# Antiviral Resistance - Maine, 2017-18 Influenza Season

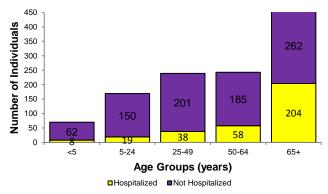
- # of Influenza A (pH1N1) samples tested for Tamiflu resistance at HETL: 2
  - o # with resistance: 0
- # of Influenza A (H3) samples tested for Tamiflu resistance at HETL: 83
  - o # with resistance: 0

# Age and Gender Information – Maine, 2017-18 Influenza Season

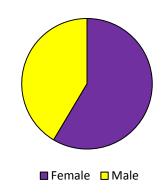
- Minimum Age: 1 monthMean Age: 53 years
- Maximum Age: 100 years

- Hospitalized Minimum Age: 7 months
- Hospitalized Mean Age: 66 years
- Hospitalized Maximum Age: 97 years





Positive Influenza Tests by Gender – Maine, 2017-18



### **Antigenic Characterization (Vaccine Match)**

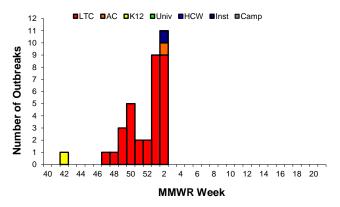
- Federal CDC has antigenically or genetically characterized 836 influenza viruses from October 1 January 6, 2018.
  - o 100% of influenza A/H1N1 samples match the vaccine strain
  - o 98.7% of influenza A/H3 samples match the vaccine strain
  - o 100% of influenza B/Victoria samples match the vaccine strain
  - o 100% of influenza B/Yamagata samples match the vaccine strain

# Influenza-Like Illness Outbreaks - Maine, 2017-18 Influenza Season

# new outbreaks: 11

• Total outbreaks 2017-18 season: 35

#### Influenza-Like Illness Outbreaks by Facility Type – Maine, 2017-18



#### **Outbreak Facility Type Key:**

LTC - Long Term Care Facility

AC - Acute Care Facility (nosocomial)

K12 - School (K-12) or daycare

Univ - School (residential) or University

HCW - Health care workers

Inst - Other institutions (workplaces,

correctional facilities etc)

Camp - Camp

Influenza-Like Illness Outbreak by Facility Type and County – Maine, 2017-18

County	LTC	AC	K12	Univ	HCW	Inst	Camp	Total
Androscoggin	2	0	0	0	0	0	0	2
Aroostook	1	0	0	0	0	0	0	1
Cumberland	7	0	0	0	0	0	0	7
Franklin	0	0	0	0	0	0	0	0
Hancock	0	0	0	0	0	0	0	0
Kennebec	2	0	0	0	0	0	0	2
Knox	1	0	0	0	0	1	0	2
Lincoln	1	0	0	0	0	0	0	1
Oxford	0	0	0	0	0	0	0	0
Penobscot	10	0	0	0	0	0	0	10
Piscataquis	0	0	0	0	0	0	0	0
Sagadahoc	1	0	0	0	0	0	0	1
Somerset	0	0	1	0	0	0	0	1
Waldo	0	0	0	0	0	0	0	0
Washington	0	0	0	0	0	0	0	0
York	7	1	0	0	0	0	0	8
Total	32	1	1	0	0	1	0	35

# **Pediatric Influenza Deaths**

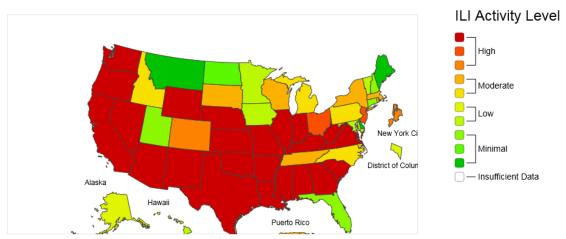
• No pediatric influenza-associated deaths reported during the 2017-18 influenza season

# FLUVIEW AW

A Weekly Influenza Surveillance Report Prepared by the Influenza Division Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet



# 2017-18 Influenza Season Week 1 ending Jan 06, 2018



<sup>\*</sup>This map uses the proportion of outpatient visits to healthcare providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels. \*Data collected in ILINet may disproportionately represent certain populations within a state, and therefore may not accurately depict the full picture of influenza activity for the whole state.

<sup>\*</sup>For the data download you can use Activity Level for the number and Activity Level Label for the text description.

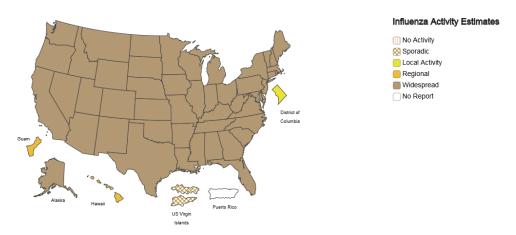




#### A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists\*

#### Week Ending Jan 06, 2018 - Week 1



\*This map indicates geographic spread and does not measure the severity of influenza activity.

<sup>\*</sup>Data displayed in this map are based on data collected in ILINet, whereas the State and Territorial flu activity map are based on reports from state and territorial epidemiologists. The data presented in this map is preliminary and may change as more data is received.

<sup>\*</sup>Differences in the data presented by CDC and state health departments likely represent differing levels of data completeness with data presented by the state likely being the more complete.